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ERYSIPELATOUS FEVER, OR EPIDEMIC ERYSIPELATOUS INFLAMMATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following remarks were read, by me, before the Vermont State Medical Society, at their annual meeting, holden at Montpelier, in Oct. last; and, at the conclusion of the reading, the Society passed a vote, requesting me to transmit a copy of them to the editor of the Boston Medical and Surgical Journal. If you think their publication would serve the interest of your readers, they are at your service. Yours respectfully,

Berlin, Vt., Jan. 23, 1845.

O. SMITH.

This disease usually commences with the same symptoms as other febrile diseases. The premonitory stage is usually of considerable duration, but the symptoms so nearly resemble those of ordinary derangements of the liver, and mucous membrane, that it is most frequently passed over without much notice from the patient or physician. At the commencement of febrile paroxysms, the cold stage, in healthy vigorous constitutions, is generally fully developed, and the depression of the animal powers is great; the pain is severe through the whole nervous system; but if the attack is less severe, the pain may be felt only in the head and back.

Usually with the commencement of re-action, pain and soreness are felt about the fauces, accompanied by redness and tumefaction, particularly on the posterior wall. If this local action is allowed to proceed unchecked, or without being sufficiently subdued, it usually continues from five to seven days, the fever in the mean time being of the continued form, and not showing those morning remissions which we expect to see in true bilious fever, which name has been given to this epidemic by some physicians. But this want of morning remissions, the irritable state of the nervous system, the sharp, rapid, and irritable pulse, the thin white coating upon the tongue, and usually the redness, tumefaction, and soreness of the fauces, form, to my mind, sufficient diagnostics to distinguish this from bilious fever—especially as the therapeutic indications and terminations of the epidemic are so essentially different. The predisposing cause of this disease perhaps has not been so well defined as it should be; and as abler minds have nearly neglected this investigation, it might be deemed arrogance, in me, to say anything more than that this, like other epidemics, appears to have an atmospheric origin. Medical writers have told us that

erysipelas is most apt to occur in fall and spring; but the epidemic of which I am speaking has not observed this distinction of times and season. Though sporadic erysipelas is most frequently found in fall and spring, according to Sir Astley Cooper and many other writers, Dr. Warren thinks it most frequent in summer, and as to its location, that "the genuine soil of erysipelatous inflammations is a crowded, ill-ventilated hospital, where it flourishes most luxuriantly and in its worst forms." Abernethy considered this affection always the result of a disordered state of the digestive organs. In this opinion, he is so far supported by other writers, that they consider it a frequent cause, and generally attendant upon erysipelatous inflammation. Desault attributed the erysipelatous inflammations consequent upon wounds of the head, to an affection of the liver, excited by those wounds. Habits of intemperance are also a fruitful cause of this disease; probably by producing derangement of the digestive organs.

These remarks upon sporadic and incidental erysipelas are thrown out as a basis for analogical reasoning in searching for the predisposing cause of erysipelatous fever. And if there is any one cause which has more agency than another in predisposing to this epidemic which has so severely visited us, it is probably a peculiar state of the system produced by derangements of the organs concerned in digestion; and among those organs, probably no one is more frequently in fault than the liver. We have noticed, for three or four years past, a greater proportion of biliary diseases than formerly we had been accustomed to see in this section of the country.

But if liver or biliary derangements alone were capable of producing it, we might expect to find this disease more common in warm climates, where biliary diseases are more prevalent; yet facts do not warrant this conclusion. Hence, I believe that something more than mere biliary derangements are necessary to produce this disease, and that it is something more than biliary fever. It has been strongly maintained by some writers, that this disease is contagious, and some of their reported cases seem to do something towards supporting this conclusion. But a critical examination of these cases convinces me more of the infectious nature of the disease, than of its being contagious. And whether the secretions in the early stages of this disease, and before the disease localizes, can produce it by infection, *may* admit of a question. But from limited observation, I am inclined to think that such is the fact; and I have no doubt that the acrid matter, discharged from erysipelatous surfaces, is capable of producing the same, especially when applied to abraded surfaces, or wounds of another person. This conclusion I believe is not doubted. And what conclusions might be drawn, from a list of well-digested cases, when applied to mucous surfaces, I am unable to say. But a rule has been adopted in some places, that physicians who are in attendance upon erysipelatous patients, should not practise in obstetrics. In support of this rule, one fact should be stated—that in some sections where this epidemic has raged, almost every case of parturition has terminated in erysipelas and death, and that females, who have removed from the places where the epidemic raged, to healthy sections, and have been attended

by accoucheurs who were not in attendance upon epidemic patients, have recovered favorably and without showing any symptoms of the epidemic. Whether this statement shows that accoucheurs communicate the disease, or that the parturient removed beyond the influence of the epidemic, I shall leave others to judge. Practically it is not necessary to decide which of the causes has produced the evil, provided in such cases parturients remove beyond the circle of epidemic influence and attendants.

Of the proximate cause of this disease, much theory and wild speculation have been indulged by physicians. Some have considered it as sthenic in its character; some as asthenic; some as a specific disease, generated by specific poison; and some as a disease that contravened all medical laws, and from their treatment we *might* think they meant to contravene all therapeutic laws in its management. These varied notions of its pathology have led to some of the most various, discrepant, wild, and I might add disastrous treatment, that could well be imagined. I am of the opinion that in the early stages, this disease is highly inflammatory, and that it may rapidly pass from a sthenic to an asthenic stage—especially in constitutions which have been broken down by intemperance, long-continued organic disease, old age, or other causes. Under these circumstances erysipelatous inflammation occurs most readily, and in its worst forms; instead of its taking the phlegmonous form, it here assumes the gangrenous; and almost with the first appearance of localized erysipelas, you will find gangrene of the diseased part. Dark grumous blood becomes lodged beneath the skin, detaching it from the connected tissue, and forming large blisters which speedily burst—or is deposited in the cellular tissue, forming ecchymosis. In either case the skin loses its vitality; the blood appears broken down and flows from the abraded surface, a dark pitchy mass, mixed with serum; the vessels having lost their vitality, fail to contract. The patient then surely is in an asthenic stage, and perhaps pulseless, with mind lucid and intelligent, when the head is not the seat of the disease. Death in a few hours now closes the scene.

This kind of erysipelas almost universally attacks the extremities; and although it not unfrequently attacks the aged, it is easily distinguished from the dry gangrene of old people, which is a sporadic disease and the result of a loss of tone in the vessels of the extremities by age, is slow in its progress and very slowly undermines the general health, and, as I said before, has a local origin, and that in the veins of the diseased limb. But the disease, of which I am speaking, has a general cause, of an epidemic inflammatory character, one which changes the healthy functions of every tissue and secretion of the system. It is true, that occurring in the aged and infirm, those accustomed to feel the pains and excitements of the system, the inflammatory stage may be so slightly developed, or so thoughtlessly borne, that the disease may pass the stages of premonition and excitement, without awaking suspicion of its real nature, until the asthenic stage shows itself, and the patient is beyond the use of those antiphlogistic means which alone are to be relied upon as the basis of

cure in this disease. The liability of gangrenous terminations is removed in proportion to the previously healthy state of the individual, and the integrity of his constitution. In proportion as these are good, the character of the disease will approach to healthy, active inflammation, with disposition to terminate in resolution or abscess, forming what medical writers term phlegmonous erysipelas. These two varieties appear to be identical, only modified by the constitution of the patient, his habits, &c. They both appear in the same epidemic, and even at the same time, in the same family, both being the result of the same exciting and predisposing cause.

If the foregoing premises are correct, and I believe they are essentially so, I can say nothing better of the true nature of this disease, than that it appears to be a general disease, inclined to take a local form. Some have maintained that erysipelas is a full confirmation of the doctrines of humoral pathologists, that the fluids are first diseased. This question would be too elaborate and intricate for me to discuss, at the present time; though even a careless observer could not fail to discover that the fluids, in this disease, become early, and prominently affected. And it is more probable to me, that the transitions, which we sometimes see in the later stages of this disease, are to be accounted for by the diseased fluids being carried to the various parts, and there forming new centres of diseased action, than by the more commonly approved notion, as it is understood by the term metastasis.

The mucous membrane, the skin, the cellular tissue, the parenchymatous organs, the brain, the spinal cord, the veins and the fluids, are the parts that may be affected by this disease. One may see, at first view, that a disease, which may be so various in its seat of action, must be various in its phenomena; and, as I have before intimated, the different locations of this disease in healthy constitutions somewhat resemble common inflammations of the affected organs. Still, it cannot be too firmly impressed upon the mind, that this is a *general disease*, complicated with local lesions; and in its treatment the general diathesis must be regarded, as well as its local actions.

I have spoken of the gangrenous and phlegmonous erysipelas, but only as a sequel, or consequence, of erysipelatous fever. Let us inquire, then, how we may have this external erysipelatous inflammation. And in the first place, we may have it by simple extension, from the fauces, and this is the most common course. The erysipelatous inflammation of the fauces is one of the early symptoms, and so far as my observation has extended, it occurs in a greater or less degree at the same time or very soon after the re-action is established—though Dr. John Stevenson, of Edinburgh, in 1826, in describing an epidemic, like the one which has visited us, says, that the local inflammation of the fauces appeared from the second to the sixth day. When this extension takes place from the fauces, it follows the mucous membrane through the nose, the mouth, or the Eustachian tube, to the surface, and there shows, externally, that character which has given name to this disease. This throat affection may extend to the tongue, causing it to protrude from the mouth, and

sometimes forming abscess. When the inflammation affects the glottis and epiglottis, it does so by extension, and produces a respiration nearly resembling the incipient stages of croup; suffocation sometimes follows this location. In some cases the œsophagus becomes affected, producing difficulty of swallowing both solids and fluids. The same may occur by the inflammation extending to the lateral walls and tonsils. It is to be distinguished from cynanche tonsillaris by the want of swelling, by the redness being more diffused, and by the inflammation being mostly upon the posterior wall instead of the lateral walls of the pharynx. It is to be distinguished from croup, by the inflammation being in the pharynx instead of larynx, and by pain and difficulty of deglutition; and from both of these, by a greater degree of pyrexia than is usually found in these diseases. It is distinguished from scarlatina, by the absence of cutaneous eruption. Though sometimes a diffuse redness is seen beneath the cuticle, it does not present to the touch the roughened feel of scarlet fever, and attacks persons who have previously had that disease. In the course of this disease we may find inflammations of the stomach, bowels and bronchia, accompanied by the usual symptoms of idiopathic inflammation of these organs. If the liver participates largely with the stomach and bowels, the pulse will not show a frequency proportioned to the intensity of the inflammation and danger of the case. When the lungs are affected, there is soon less ability to bear the recumbent posture, than we find in idiopathic inflammation of the lungs. But it is generally in the later stages of the disease that you will find these mucous locations, and they are very speedily followed by congestions of contiguous tissues. When the brain and spinal cord become affected by this disease, it is generally in the part where these organs are connected. This is a common location, and we here see many of the slighter forms of erysipelatous fever. This appears to be one of the original seats of the disease, differing in this respect from the mucous locations above spoken of. It is, probably, to its location on these organs, that we are to look for the cause of those nervous pains which pervade the system at its commencement.

And, finally, this epidemic has all gradations, from the most formidable, to barely a disease in name—some cases requiring the most rigid treatment, while in others medication is scarcely indicated.

When I have been called to treat this disease, in the cold stage, my first efforts have been to produce re-action, by the application of external warmth, diffusible stimulants, warm drinks, &c. Under this course, re-action soon takes place, followed by copious perspiration, which should not be allowed to cease entirely until the patient is convalescent. I regard the production of this state of the skin, as one of the most necessary parts of the treatment of this disease. There is no safety in any course of treatment without it. When re-action is established, I lose no time in clearing the alimentary canal, and restoring the secretions of the liver and other abdominal viscera. For these purposes, I have found some of the preparations of mercury, and tartarized antimony, to answer my expectations, when given so as to produce full, free catharsis, and

sometimes, perhaps, emesis, though I have not usually aimed at this last result. This course has the effect, also, to restore secretions generally, and produce, or continue, the sudorific action, followed by a diminution of the frequency and hardness of the pulse, and subsidence or diminution of the pains. The mercurial and emetic tartar practice has been sufficiently active, in a majority of cases seen by me, when followed by emetic tartar in solution, in doses as large as the stomach will bear without difficulty, and repeated according to the urgency of the case, in from two to six hours, assisted by warm drinks and external warmth, to keep up the cutaneous excretion, and occasional alteratives have been added, as the symptoms indicated. Still, we frequently find cases when the disease will not yield, even to this active treatment, without the use of the lancet. And my rule has been, after restoring the function of the skin and clearing the alimentary canal, if the pulse remains hard, and the pains in the head and back do not subside, to use the lancet. The amount of blood that may be required to be drawn is sometimes large, and the bleeding may need be repeated, but seldom beyond this, if the first and second bleeding have been sufficiently large.

When there is much soreness about the throat, warm fomentations in the early stages are the best local applications externally, and internally the application of a strong solution of nitrate of silver has good effect in diminishing the soreness, and relieving the pain of the inflamed mucous membrane and subjacent tissue. The relief that follows is instantaneous and lasts for an hour or two, when the application needs to be repeated. It assists, materially, in reducing the inflammation, and preventing the formation of abscess, which is liable to occur low in the fauces, and also has an effect to prevent extensions of the inflammation—whether by giving tone to the vessels of the parts, or destroying the morbid irritability, or both, is not necessary to determine. Creosote has been used in this inflammation of the throat, for the same purpose as the nitrate of silver, but has not been so efficacious in my hands, except when the inflammation had produced ulceration of the mucous membrane, and even then it is doubtful whether it affords that relief which is obtained from the nitrate of silver. Irritating applications have been used about the throat, externally, by some, as the mustard, African pepper, skins of salt pork, &c., in the early stages; but they increase the irritability of the patient, and have much less effect than milder and sudorific applications.

After the highest inflammatory stage is subdued by these means, if there still remains much soreness, or morbid irritability of the parts, or a disposition in the disease to extend to the glottis and epiglottis, or to the œsophagus, we have no remedy, within my knowledge, that equals blistering. And if the inflammation appears to be extending, it may be used at the same time that we are using the lancet. If the extension is towards the organs of respiration, the full, free use of emetic tartar is demanded. In some of these cases, it is borne to an extent equalled only by croup, especially when the inflammation extends to the lining membrane of the trachea and bronchia. In these cases, if the remedy is pushed to a sufficient extent, the inflammation yields readily, more so than where the in-

inflammation is confined to the glottis and epiglottis. In the last-mentioned case, if the above-named course of treatment does not so speedily or sufficiently subdue the disease, as to free the patient from danger of immediate suffocation, tracheotomy may be demanded, as a palliative, while we can subdue the inflammation.

In the gastric and enteritic locations of this disease, the same remedies are indicated as in idiopathic inflammations of these organs, not forgetting Cooper's rule, that chronic and subacute inflammations are cured by restoring and increasing secretions, and that the disease is in these cases a translated one, and occurs secondarily, and after the system is somewhat reduced by the previous morbid actions, treatment, &c. Indeed, they are not seen, except in cases where the first stages of the disease have been neglected, or not properly subdued, or in subjects debilitated by age or previous disease; and for these reasons, it must readily be seen that the energy of the treatment must be determined by the circumstances and conditions of the case and patient. If it should unfortunately so happen that this location should supervene before the alimentary canal has been properly freed from its irritating contents, no time should be lost in accomplishing this object; and, if there appears to be sufficient energy in the system, mercurials should be freely employed, or perhaps, what is better, the cream of tartar in one or two drachm doses, especially when the liver and the large intestines are the locations. Perhaps we have no remedy, when there is an irritable state of the system, with inflammations of the mucous membrane of the bowels, and the biliary organs, as a consequence or cause, that equals this in value as a cathartic and alterative. Under its use, copious bilious evacuations are brought down, the mucous membrane speedily loses its irritability, all the alimentary secretions are restored and corrected. Warm fomentations over the abdomen, so as to keep up perspiration, should not be omitted; and if the disease is confined to the contents of the abdomen, without affecting the parietes, leeches over the inflamed organs are among the most salutary remedies, followed by blistering when the inflammation is reduced to the blistering point. After the alimentary canal has been freed from its irritating contents, morphine to allay the pain and irritability of the parts, and properly check the morbidly increased peristaltic motions, combined with ipecac. or some other sudorific, is indispensable.

When the fever has extended itself, and the system become poisoned, if I may so speak, from the disease, and the skin assumes that peculiar well-known state termed erysipelatous inflammation, we have lost the most effectual and important time to treat this disease; but then, also, we must employ a sudorific course of general treatment, aiming at the above-named suggestions of restoring and correcting secretions. If the pulse becomes soft and feeble, and the vital powers appear to sink, tonics should be resorted to; and, if necessity requires, stimulants, both diffusible and permanent, should be used. The same general rules that govern us in the use of stimulants in other diseases, should be adopted in this; and Stokes's rule, "that there is a time in all inflammatory diseases, when stimulants are antiphlogistic," is as applicable in this as in any other dis-

ease, though it is of no avail in those cases where the system is sinking in consequence of gangrene supervening upon inflammation.

In local applications to erysipelatous inflammations, I have but little confidence, perhaps less than practitioners generally. Alcohol alone, and alcohol and water, have been used by some in this disease; but in most, if not all cases, that I have seen, I think with decided injury, in consequence of the evaporated alcohol being inhaled by the patient, and producing stimulation at a time when it is not admissible, and by checking the perspiration, which, added to the stimulation, increases the already too rapid action of the heart and arteries, thereby increasing the local inflammation and the irritability of the system. The last objection of checking perspiration applies to all cold applications. Local stimulants, as solution of nitrate of silver, corrosive sublimate, &c., have been used with benefit in the different stages, when proper regard has been paid to the condition of the inflamed part. When erysipelatous inflammation terminates in abscess or gangrene, the usual local treatment is indicated.

EFFECTS OF MILLERISM IN PRODUCING INSANITY.

By "Millerism" is understood the religious doctrine of the immediate destruction of the world—which has been extensively taught in this country by Mr. Miller and others, for two or three years past. We do not intend to give a history of it, or to show that it is but the revival of a delusion which has often prevailed before, to the great injury of the community. The evil results from its recent promulgation are known to all, for we have scarcely seen a newspaper for some months past but contains accounts of suicides and insanity produced by it. Before us is a paper from the interior of this State, published in November, which says, "Our exchange papers are filled with the most appalling accounts of the Miller delusion. We hear of suicides, insanity, and every species of folly." Another, a Boston paper, makes a similar remark, and says, "One lady and one gentleman, belonging to this city, were committed to the Insane Hospital last week from the influence of this horrible delusion. The man cut his throat, but was stopped before he severed the large bloodvessels. Another man cut his throat from the same cause, producing instant death." Like accounts we find in the Connecticut, Philadelphia, Baltimore, and other papers. To this we might add that we have seen a considerable number of individuals who became deranged from attending upon the preaching of this doctrine, most of whom have recovered, though we have some now under our care whom we consider incurable, and have admitted *two* deplorable cases within a few days. By looking at the Reports of the Lunatic Hospitals in the northern States, we notice that into three of them, *thirty-two* patients were received during the last year, whose insanity was attributed to *Millerism*.

Allowing something for exaggeration and mistakes in the accounts of the evils that have resulted from the inculcation of this doctrine, it must be evident to all, that they are alarming. But in our opinion the country

has as yet seen only a small part of the evils this doctrine has produced. Thousands who have not yet become deranged, have had their health impaired to such a degree as to unfit them for the duties of life forever; and especially is this the case with females. The nervous system of many of those who have been kept in a state of excitement and alarm for months, has received a shock that will predispose them to all the various and distressing forms of nervous disease and to insanity, and will also render their offspring, born hereafter, liable to the same. We have no hesitation in saying that, in our opinion, the prevalence of the yellow fever or of the cholera has never proved so great a calamity to this country as will the doctrine alluded to.

This doctrine for the present, we presume, is dead, and probably will not soon be revived;—but let us inquire if there is no *improvement* to be made of it, and if there cannot be some measures adopted to prevent the spread of equally injurious though dissimilar delusions hereafter.

The prevalence of one such delusion prepares the way for others. We must therefore expect them, and those who wish well to the community ought to strive to prevent their being extensively injurious.

Such delusions, many have hoped and believed, belonged only to the dark ages of the world, or spread only among the illiterate and ignorant. But such is not exactly correct, for many intelligent and well-disposed persons embraced Millerism. In fact, we believe for the most part, the promulgators and believers of this doctrine were sincere and pious people. We entirely acquit them of any bad intentions. In fact, such *moral epidemics* appear always to spread, as was remarked in the last No. of this Journal, “without aid from any of the vices that degrade our social nature, and independent of any ideas of temporal interest.”

But what can be done to prevent the occasional recurrence and spread of these *epidemic or contagious monomanias*?—for such they in fact are. Reasoning with those thus affected is of no use. In fact, we were assured by one of the believers in the late delusions, that according to his observation, it but tended to confirm them. They are monomaniacs, and the more their attention is directed to the subject of their delusions by reasoning with them, the more is their *diseased faith* increased. We do not believe that much, if any, good has resulted from the numerous sermons and tracts that have been published exhibiting most clearly the calculations and predictions of Mr. Miller to be erroneous. We therefore recommend the following course; and we address ourselves particularly to the heads of families, and to the religious portion of the community.

1st. Do not go to *hear* any new, absurd or exciting doctrine taught, and keep away all those over whom you have influence. This need not and should not hinder you from obtaining a knowledge of all new truths and new doctrines; for such are in this country immediately published. Read about them if you wish, but do not go to *see and hear—to swell the throng of gazers and listeners*, for as has been said, such things spread chiefly by *contagion and imitation*. You would keep yourselves and would keep others under your control from hearing lectures of an irreligious character, and directly intended to inculcate vice, or to injure

the health. Take the same course as regards new, absurd and exciting doctrines. Read about them, as we have said, if you choose, but do not run after them, nor make them the subject of conversation. Thousands of printed tracts upon Millerism, scattered through the country, would have done no harm, if there had been no *preaching* of the doctrine—*no nightly meetings and collecting in crowds to hear and see.*

In connection with this subject we beg, very respectfully, to suggest to all religious denominations, the propriety of lessening the number and frequency of protracted religious meetings, and especially of those held in the evening and night. We are confident, that although some good results from them, very much evil does also. They prepare many to entertain the delusions referred to, by creating an excitement bordering on disease, and unfitting the mind to contemplate important subjects calmly. They also seriously impair the health of the clergy, and unfit them for other duties. We ourselves may be more sensitive upon this subject than others, as we live in the midst of many, who, a few years since, were among the most worthy and pious of the land, and who are now and probably will be while they live, tenants of a lunatic asylum. According to our observation, the greatest number of such cases occurs among those who have long been pious, but who having become excited, agitated, and worn down by attendance, week after week, on nightly religious meetings, until their health became impaired; they then began to doubt their own salvation, and finally despaired of it, and becoming decidedly deranged, were conveyed by their beloved friends to our care, and often to prevent self-destruction.

These few hints we have thrown out with all candor, and hope they will be so received. While we would carefully avoid saying anything that might hinder the spread of the truths of the Bible, or the conversion of a single soul, we feel it to be our duty to call attention to methods of attempting to extend religious doctrines, which we believe are not unfrequently productive of disease, madness and death.—*American Journal of Insanity.*

REMARKS ON FRACTURES.

From an Introductory Lecture by Prof. Houston, Dublin.

FRACTURES OF BONES are not, at the present day, regarded with any of that alarm and apprehension, nor attended with the after inconveniences, which formerly succeeded to such accidents. The principles which regulate the growths of new bone, thrown out for the purposes of reparation under injury or disease, are now so well understood, that we comprehend, in every case, as if carried on before our eyes, the several phenomena, in the exact order in which they actually take place, from the beginning to the ending of the process. We know, too, what circumstances are calculated to promote or retard, to render perfect or to spoil, the new growth; and if, from unforeseen or accidental causes, reparation does not go on, we have discovered the means by which to direct it aright, and to conduct it

to a perfect consummation. The means to this end I shall explain to you on another occasion. As to the mechanical derangements attendant on fractures, and their remedies, they are now known with almost mathematical precision. Tell me, for example, the part of any given bone broken, and the cause of the accident, and I shall be able to inform you, without seeing the patient, of the precise nature of the displacement which the fragments have undergone, and, of course, to suggest the mechanical appliances fittest for restoring and keeping them to the right place. Certain fractures, such as Colles's of the radius, Pott's fracture near the ankle, &c., having had attention directed to them, by being made the subjects of special memoirs, are well known, in this light, by the profession: but it is a fact, and a most important one to be borne in mind, that all fractures, as well as these, are respectively equally fixed and determinate in their mechanical characters and consequences. In a fracture of the middle of the thigh, for example, there is rarely an exception to the rule that the lower fragment, rotated outwards on its axis, lies on a plane behind the upper fragment, in this way [showing specimens], giving rise to two marked kinds of deformity—namely, shortening of the limb and turning out of the toes; and any surgical appliances adopted here should, of course, have especial reference to the removal of these two defects, and to the prevention of their return during the period of the healing process, otherwise the patient will have been badly cured, and will feel and complain of the effects of the accident while he lives. Thus, if he happen to be fond of the chase, he will never after sit his saddle in comfort or in safety, from the mechanical change which has been allowed to come over his thigh-bone, at the seat of the fracture, converting it, from a bow-like arch which fits it as if intended by nature for horse-riding, into a straight line, or even changing the convexity of the bow from the outer to the inner side, in a manner to incapacitate it completely for such a purpose. Or, if he be a pedestrian, his limping gait and everted toe will remind him, every morning he rises, of his double misfortune; first, in having met with a bad accident, and secondly, with a bad surgeon—one, as he might say, unacquainted with the modern improvements of his art.

Our knowledge, at present, of the different conditions and results of fractures of the *neck of the thigh bone*—an accident so common and so afflicting in old age—stands in striking contrast with that of our immediate predecessors. It was held by them that such fractures never became re-united by bone, and, as a consequence, attempts at such a mode of cure were discountenanced as not only unnecessary, but injurious. Such was the theory and practice of even the great Sir Astley Cooper. But how far is this changed? We now know that such cases are not only possible, but common. I saw, this day, an old gentleman, who, about two years and a half ago, was under my care for complete, but impacted, fracture of the neck of the thigh bone. There is now perfect consolidation of the fracture, and he walks steadily and well, without the aid of either crutch or stick. We know, too, at sight, what cases admit of union, with tolerable certainty, from those in which the chances of such a happy result are few; and, still further, what is of

equal consequence, we have learned the important fact, which all should know, that one of the conditions of this fracture, on which depends mainly the chance of reparation—viz., a certain remaining degree of coaptation, and the presence of certain unbroken shreds of the softer tissues—is such as to forbid a practice justifiable, or even necessary for diagnosis, in other fractures—namely, that of seeking for what is termed crepitus, inasmuch as the act of doing so may displace the fragments and tear asunder the only remaining elements of future union, thereby taking away all chance of reparation. Want of due attention to this point may have been one of the causes of such infrequency of union in former times. Here, again, justice and candor compel me to introduce the names of certain of my countrymen; for it is a fact, that to Dublin is mainly due our knowledge of these important facts regarding fractures of the neck of the thigh bone, as the writings of the late much-honored Professor Colles, and of my friends, Dr. Adams and Dr. Smith, bear evidence. Besides, our museums abound in re-united fractures of this kind; some of them without, others within, the capsule; sufficient, truly, to justify the promulgation of the principles and practice to which I have adverted, and to serve at once as the evidence and the basis of a new fact in surgery.—*London Lancet.*

ON THE USE OF IODIDE OF POTASSIUM IN ASTHMA.

By W. B. Casey, M.D., of Middletown, Conn.

For a year past I have looked through the various journals that came under my observation, in the expectation of seeing some notice of the subject of this article; but have, up to this time, met with but a mere incidental mention of the fact that hydriodate of potash has been employed with some benefit in asthma. I therefore send you the result of my experience with it, trusting that the statement which I make will excite the attention of our profession, and lead to a trial of the remedy on a more extensive scale. Some two years since, Professor Mutter, of Philadelphia, mentioned in the course of conversation with me, that he had accidentally discovered the fact to which I am now endeavoring to draw attention.

I immediately after this commenced its use with a number of patients suffering under this distressing and intractable complaint, and, to our mutual delight, they were all more or less speedily relieved. I have now made use of the medicine in some twenty-five or thirty cases of asthma, some of them very severe and aggravated; and so far, in no one instance where a fair trial has been made, has it failed to afford unequivocal and decided relief. These facts I have stated at our county medical meetings, and have urged the adoption of the practice upon many of our neighboring physicians; and so far as I can ascertain the result, all who have tried the remedy will endorse my statement of its value. I am happy to add the testimony of Dr. North, an eminent physician resident at Saratoga Springs, who informs me that he has experienced, in his own person, great

relief from the use of the medicine, and has witnessed the same effect in others. As a general rule, the patient is benefited after a few days' employment of the article, but some cases will require more time, perhaps weeks, before they improve; in one of mine, a very severe case of over twenty years' duration, I persevered for nearly three months before there was any decided amendment.

I feared, at the outset, that the medicine would prove to be merely a palliative (and even then it would be invaluable), but further experience warrants my belief that in mild cases of recent date a cure may be effected by its means.

In almost one fourth of my cases, relapses have occurred after discontinuing the remedy; this occurrence, however, was in most of them owing to severe attacks of catarrh, or to errors in diet and consequent derangement of the digestive organs, which, by the way, should never be overlooked in the treatment of asthma; I may mention in this connection, that most of my patients, while using this medicine, had an excellent appetite and gained flesh rapidly.

A long-continued use of the iodide of potassium will in some subjects occasion an eruption, generally of a pustular form (almost always ecthyma); and I have been twice disposed to attribute to it the occurrence of a slight conjunctivitis; the omission of the medicine for a few days, together with a few doses of rhubarb and soda, will be found sufficient for the removal of these inconveniences. It would scarcely be worth while to offer at the present time any explanation of the *modus operandi* of this medicine in asthma; nor is it necessary here to describe the symptoms, pathology, &c., of the disease, my sole object being to bring into notice what I have found a successful remedy for a distressing complaint. Extended experience must determine its value and applicability.

From two to five grains of the iodide of potassium, given three times a day, dissolved in water or some syrup, as for instance that of sarsaparilla or tolu, will generally be found sufficient for ordinary cases of the disease. Its continuance must be regulated by the circumstances of each case; of course no intelligent practitioner need be reminded of the attention requisite as regards diet, clothing and exercise. Dr. North stated that he had taken 3 ss. at a dose at bed-time, without inconvenience, and with the effect of preventing the paroxysm usually occurring at night.

Some of your readers may perhaps find fault with this paper, on account of its crudeness of style, and want of method and arrangement; but the practical physician, who will make fair trial of the remedy, will hardly be disposed to criticize the style of the article, or consider as wasted the time spent in its perusal.

Note.—It may not be uninteresting or irrelevant to mention that I have given the hydriodate of potash to several horses troubled with the "heaves or hives" (I am doubtful as to its orthography), and in all, while under the influence of the medicine, the disease was suspended.—*N. York Jour. of Medicine.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, FEBRUARY 12, 1845.

Sir Astley Cooper on the Testis and Thymus Gland.—One of the best finished volumes which we have seen since the beginning of the new year, is from Messrs. Lea & Blanchard, of Philadelphia, being a royal octavo, embracing Sir Astley Cooper's two useful works, viz., *Observations on the Structure and Diseases of the Testis*, and *The Anatomy of the Thymus Gland*. Since both treatises are universally known to the profession, it is quite unnecessary to utter a syllable on the character of either. No higher authority exists in surgery, than Sir Astley Cooper. In this double volume, are an immense number of plates, illustrative both of the anatomy of the organs of which the text treats, and also their morbid appearances. There are twenty-four exclusively devoted to picturing the testis—well-executed, and believed to be true to nature. The publishers assure us that the lithographs were reduced, with most scrupulous care to exactness, that the volume may correspond in size with their edition of the author's work on hernia. They express a hope that the reception of this, by the medical public, will justify them in a continuation of Sir Astley's writings in the same admirable style of printing. We trust that they may be encouraged, feeling, as we do, that a publishing house which has done so much for the extension of sound medical science in this country, should be liberally sustained by those who are essentially benefited by its enterprise.

Researches on Scrofulous Diseases.—Only two weeks since, the translation of this work was announced, and now it is on sale. This shows the activity of the press in a country where nothing is allowed to remain at rest. These researches are by J. G. A. Lugol, of the hospital of St. Louis, &c., Paris, a man of acute observation, who has seized upon everything that could render the origin or treatment of scrofula more certain. The translator, Dr. Deane, of New York, that miracle of bibliographical industry, says in the preface, that "the ravages of scrofula in different forms, the obscurity of its origin, and the uncertainty attending its treatment, will be acknowledged by every physician." He has not shackled the author with a burden of notes. At the close he has appended the most approved formulæ for different preparations of iodine, &c., for which practitioners will be much obliged.

Part I. regards the inheritance of scrofulous disease and the health of parents of scrofulous children. This is subdivided into three chapters. Part II. relates to pathological causes. Part III. treats exclusively of external causes, under appropriate heads. There are some startling developments touching the vices of humanity in this work, and there are also practical suggestions of the highest importance. Published by J. S. Redfield, New York.

Medical Topography of Brazil and Uruguay.—A Naval Surgeon, G. R. B. Horner, M.D., has written a book that partakes a little of the character

of a traveller's diary, and which has recently been published at Philadelphia, by Lindsay & Blakiston. It deserves attention, in the first place, as it comes from a source from whence books of the kind rarely emanate. This is saying pretty plainly that our naval surgeons, for some unknown reason, have been negligent of the claims which reading people have upon them; or they are under some official restraint that effectually seals their lips. Being admirably qualified, beyond all other officers in Government vessels, to relate the wonders they have seen, and the experience they must necessarily have acquired, they can render no valid excuse for not having contributed more to the general fund of knowledge, if they are under no other restrictions than those which depend upon their own inclinations. Dr. Horner is an exception, and we tender him our individual thanks for the pleasure he has afforded us. We have read the whole work, and feel assured that others would find equal gratification in it. He has so arranged the materials as not to be fatiguing on a single page, which evidences some ingenuity as well as judgment. His notes on the hospitals, medical schools, police, &c., together with the diseases, of Brazil and Uruguay, are exceedingly novel and graphic. A rabid critic might vex himself with some of the doctor's sentences, on account of their inelegancies, or their hard English; but it would be ungenerous, for it should be kept in mind that a ship of war is anything but a quiet place for writing. In closing these observations, we respectfully recommend this topographical labor to our medical friends, from a conviction that they will thank us for the suggestion. Copies are to be had at Messrs. Ticknor & Co.'s.

Dr. Buchanan on the Circulation of the Blood, Neurology, &c.—Through the Louisville, Ky., "Democrat," information is shed abroad that Dr. Buchanan, of neurological, mesmeric and phrenological memory, recently lectured in Louisville on the circulation of the blood. The paper states that he introduced the subject by a course of arguments occupying nearly an hour—and then followed the regular business of the evening, which used up sixty minutes more. It is a pity that the doctor so often wears out his audiences, by an uncontrolled prolixity. *A little and often*, according to the homely proverb, always goes down better with the people. Some of our modern philosophers, who would talk eternally, if they could, never accomplish what they most desire: they become so diffuse, that, like homœopathic dilutions, the main argument can neither be seen, felt or remembered. When Dr. Buchanan composedly sits down to write out his pretended discoveries, he will probably become less enthusiastic, and ascertain, by the aid of his own powers of comparison, that he has given his disciples more sound than substance. If he would present the world with a tangible digest of his achievements in re-surveying and mapping the human brain, it would soon be ascertained whether Dr. Buchanan is to be hailed in the character of an immortal discoverer, or is to become the hero of a future Hudibras, and the laughing stock of those who can make capital out of small materials.

As the circulation is governed by nervous matter, says the paper, Dr. Buchanan considered pathology quite empirical until the nervous forces which govern the distribution of the blood were discovered. "This discovery of the nature and seat of the nervous powers he had attained by

ten years of persevering observation, research and experiment." After this bold assertion, there followed some of the old samples of *neurology*, which have been served up on all occasions, in season and out of season, till the public appetite loathes such a substitute for intellectual food, as the weary Israelites loathed the sight of quails. Finally, Dr. Buchanan embodied a descriptive and argumentative statement of the vital laws, "in four general and sixteen special propositions,"—a truly discouraging number, which reminds one of the Scotch parson, who announced to his congregation that he had divided his sermon into twenty-nine parts—but discovering that his parishioners began to look anxiously towards the door, quieted them by saying, that for the sake of brevity twenty-eight of them would be omitted. When one half of Dr. B.'s postulates, which now fetter and embarrass this staunch and persevering discoverer in the ideal domain of *neurology*, have been dismissed, he will have the thanks of those who have been searching under his direction for imaginary gems.

Physiology of Digestion—Dr. Paine's Introductory Lecture.—Surely this is an age of literary miracles! Here is the *fourth edition* of an introductory lecture at the University Medical School of New York. It is sometimes difficult to get one of these introductions through a single edition, unless it possess decided merit. Dr. Paine, of the chair of the Institutes of Medicine, by whom this was delivered, is a bold, vigorous thinker, who, like an independent man as he is, asks no favors of the physiologists of the day. Whatever his conclusions may happen to be, the fact is indisputable that they are the results of profound thought and honest conviction, based on inductive evidence. He is one of the Bacons of our country in medicine, who will be appreciated in after ages more than in this.

Intellectual Improvement of the Profession—Dr. Drake's Introductory Lecture.—A second edition of this introductory by Dr. Drake, of the Louisville Medical Institute, the professor of Pathology and Practice, also shows a new state of things in medical literature. A second or third edition of an exciting narrative is not a phenomenon, but a demand for the multiplication of an introductory lecture, originally delivered to medical students, indicates the value of the discourse and a proper appreciation of it. Dr. Drake is an original thinker and writer, and impresses every one favorably. He is strictly a medical philosopher.

Registration of Births, Marriages and Deaths in Massachusetts.—A third annual report to the legislature, embracing the returns to the Secretary of the Commonwealth in 1844, has been published, with extensive tabular statements. It will require pretty severe penalties to oblige town clerks to collect and forward on the items required by this statistical law. No one doubts the importance of having an accurate record of deaths, births and marriages, but the man who points out a method of obtaining an exact registration of them will accomplish more than any of his predecessors have done. There must be some pecuniary inducement for collecting town statistics, in the first place, without which, no progress, to be relied upon, will ever be made, we fear, in a state registration. Town

clerks are required to do thus and so, or pay a fine of ten dollars. It is strict economy on their part to hand over the money at the outset, since one half the information they are directed to gather, would cost them twice that sum. Just allow town officers a fee for entering each birth, death and marriage, and then, it is believed, the General Court would be provided with yearly reports of some value. The whole secret of the accuracy of the registration in England, is to be found in the snug income the official collector of these statistics gets for his trouble. The laborer is worthy of his hire. Till encouragement of a substantial character is given by our Legislature, no expectations should be indulged of having even an approximation to exactness in these tables. Some town officers are so conscientious in the discharge of duty, that they will gather, without pay, items of public interest; but it is evidently a drudgery to them, and an imposition to ask them to toil for the public without compensation.

Physiological Phenomena—Dr. Alcott and Robert F. Gourlay.—A correspondent, in a letter to us from Wisconsin, inquires "how long Dr. Alcott continued his experiments of abstaining from drink, and what the effect was on his constitution, as spoken of in your Journal, Volume XXVIII, p. 19?" We think Dr. A. continued the experiment as related about one year, but we know not the result upon his health, as he now resides at Hartford, Conn. Perhaps he will be induced, on seeing this, to answer the question more fully himself.

"Also—what has become of Robert F. Gourlay, spoken of in Volume XXVIII, p. 296, 302 and 481? Is he yet alive, and does he continue to watch without ceasing?" We are not surprised that our vigilant correspondent is desirous to ascertain the sequel in both these cases. A man who never slept for five years and four months, would naturally enough wake up the physiologists. Mr. Gourlay is still residing in Boston, in apparent good health—both eyes being still open. We shall invite him to address our friend in Wisconsin, personally.

Punishment of Criminal Attempts at Abortion.—The following important act has lately been passed by the Legislature of Massachusetts, and is now a law of the State.

"Whoever, maliciously, or without lawful justification, with intent to cause and procure the miscarriage of a woman, then pregnant with child, shall administer to her, prescribe for her, or advise or direct her to take or swallow any poison, drug, or medicine, or noxious thing; or shall cause or procure her with like intent, to take or swallow any poison, drug, or medicine, or noxious thing; and whoever maliciously, and without lawful justification, shall use any instrument, or means whatever, with the like intent, and any person with the like intent knowingly aiding and assisting such offender or offenders, shall be deemed guilty of felony, if the woman die in consequence thereof, and shall be imprisoned not more than twenty years, nor less than five years, in the State Prison; and if the woman doth not die in consequence thereof, such offender shall be guilty of a misdemeanor, and shall be punished by imprisonment not exceeding seven years, nor less than one year, in the State Prison, or House of Correction, or Common Jail, and by a fine not exceeding two thousand dollars."

Mott's Operation for the Exsection of the Inferior Maxillary Bone.

We had the pleasure, a short time since, of witnessing this truly formidable operation by Professor Mott. The case was that of a periosteal disease, in a fine, intelligent, young man, in this city, whose heroic deportment greatly facilitated the operation. As a preliminary step the common carotid of the right side was secured, immediately after which, as the patient seemed in no way prostrated, it was deemed advisable to continue, and with the curvilinear incision the operation commenced, and throughout its entire steps gave the utmost satisfaction to all who were present. The exsection was made from the second incisor tooth to the temporo-maxillary articulation; the parts were then drawn together by sutures, and the patient was placed in bed, where he soon fell into a profound sleep. It is now more than a month since this operation was performed, and we learn, with pleasure, that the patient is doing remarkably well. We are also informed that this is the third case in which Dr. Mott has successfully extirpated the jaw at the articulation.—*New York Journal of Medicine.*

Philadelphia Medical Society.—At the annual election of this Society, held at their hall on the 4th ult., the following members were chosen officers for the ensuing year, viz.:

R. M. Huston, M.D., *President*; Benjamin H. Coates, M.D., Henry Bond, M.D., *Vice Presidents*; John Wiltbank, M.D., *Treasurer*; Joseph Warrington, M.D., Isaac Parrish, M.D., *Corresponding Secretaries*; John J. Reese, M.D., *Senior Recording Secretary*; Henry S. Patterson, M.D., *Orator*; Nathan D. Benedict, M.D., *Librarian*; Aaron D. Chaloner, M.D., Edmund Lang, M.D., *Curators.*

Med. Examiner.]

JOB HAINES, *Junior Recording Sec'y.*

Medical Miscellany.—Two hundred and seventeen physicians and surgeons arrive in this country annually from Europe, according to statistical returns from the Department of State.—Erysipelas is represented to be prevalent at Mount Morris and Nunda, N. Y.—Dr. Beers, of New Haven, Conn., recently met with a severe accident by falling.—M. Bousingault has announced to the French Academy, that he is now occupied in repeating some of Dr. Draper's experiments, mentioned in the new work on the Organization of Plants.—A married lady, in Maine, recently gave birth to her first child on her 13th birth day.—At Munich, a little girl, six years old, having died, apparently, was placed in an open coffin, the custom of the country, over night. The next morning the sexton found her alive, and playing with the roses that had been strewn over the coffin. Some provision is needed even in this country to prevent hasty burials.—Dr. J. W. Bemis, of Charlestown, has been appointed physician of the Massachusetts State Prison, in place of Dr. Walker, resigned.—Smallpox has appeared at Lagaira, and vessels are subjected to quarantine.—A surgical clinic has been conducted with great success through the winter at Geneva Medical College.—A new Medical Journal is about to appear at Charleston, S. C., to be edited by Drs. Smith and Skinner.—Physicians are getting into political life in Oregon. Dr. Babcock, who holds the office of *Supreme Judge*, went there originally in the capacity

of physician to the Methodist Mission; and Dr. Barleycone, of the governors, belonged to New York, where his family still remains.—There were 286 students attending the late course of lectures at the Louisville Medical Institute. The summer school term commences there on the 17th of March. The marine hospital and dispensary offer peculiar advantages to Western students.—The *Boston Thomsonian Manual*, the herald of the cayenne and lobelia practice, which was originated and for many years ostensibly conducted by the inventor of the system, died a natural death the first of February, having completed its tenth volume.—Dr. Anson Jones, the President of Texas, is represented to be a native of Berkshire Co., Mass. In his boyhood, he resided in the town of Lenox, and afterwards moved with his family to Philadelphia.—A cent was found imbedded in the liver of an ox, at Leamington, Me. There was no ulceration or inflammation indicative of disturbance by its presence.—There is a class of 126 students of medicine at Willoughby University, Ohio, Dr. Trowbridge's introductory met with warm approbation.

NOTICE.—Subscribers in Washington city are again reminded that there is no resident agent there, authorized to receive money due for this Journal.

TO CORRESPONDENTS.—Dr. Chadbourne's cases of uterine polypus, and Dr. Mason's description of a new microscope, are received.

MARRIED.—At Norwalk, Conn., Ralph Thatcher, M.D., of Brockport, to Miss S. A. Olmstead.—At Danbury, Conn., Dr. James Polly to Miss S. A. Smith.—In Charlestown, Mass., Dr. Jacob Hayes, of New Market, N. H., to Miss S. Adams.—At Northfield, Conn., Dr. Samuel B. Woodward to Mrs. Amy Churchill.—At Keosauqua, Iowa, Dr. Henry H. Barker to Miss D. C. Twombly, of Ashburnham, Mass.

DIED.—At Hudson, N. Y., Dr. David Mellen, 81.—On the voyage to St. Croix Dr. Van Alstyne, of Albany, N. Y.

Number of deaths in Boston, for the week ending Feb. 8th. 52—Males, 27; Females, 25.

Of consumption, 8—dropsy, 2—infantile, 4—erysipelas, 1—scarlet fever, 5—typhus fever, 2—croup, 1—lung fever, 6—complication of diseases, 1—inflammation of the brain 1—bowel complaint, 1—disease of the lungs, 1—accidental, 1—intemperance, 1—acrofula, 1—child-bed, 2—diarrhoea, 1—purpura, 1—dropsy on the brain, 1—inflammation of the bowels, 3—hooping cough, 2—marasmus, 1—paralytic, 1—throat distemper, 1—measles, 1.

Under 5 years, 28—between 5 and 20 years, 4—between 20 and 60 years, 16—over 60 years, 4.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Jan.	Therm.	Barometer.	Wind.	Jan.	Therm.	Barometer.	Wind.
1	from 23 to 45	from 29.12 to 29.18	W	17	from 22 to 23	from 29.33 to 29.55	N E
2	23 29	29.12 29.18	N W	18	15 26	29.09 29.39	N W
3	12 29	29.60 29.69	N E	19	1 20	29.85 29.91	N W
4	36 43	29.15 29.31	N W	20	16 27	29.61 29.67	S W
5	30 49	29.10 29.33	S W	21	23 27	29.17 29.32	N E
6	24 26	29.40 29.53	N E	22	24 26	29.25 29.53	N W
7	20 27	29.05 29.25	N E	23	18 51	29.85 29.92	N W
8	26 34	29.27 29.37	S W	24	20 32	29.54 29.80	N E
9	18 34	29.38 29.45	S E	25	43 46	29.81 29.91	N E
10	30 34	29.24 29.31	N W	26	26 34	29.04 29.28	N W
11	24 36	29.24 29.26	N W	27	24 47	29.50 29.55	N W
12	24 27	29.08 29.08	N W	28	26 49	29.49 29.56	S W
13	15 31	29.04 29.13	N E	29	30 37	29.26 29.33	N W
14	7 25	29.37 29.62	N W	30	16 34	29.36 29.39	N W
15	13 36	29.62 29.75	S W	31	7 13	29.32 29.34	N W
16	30 31	29.60 29.63	N E				

This month has been mild and pleasant. The quantity of snow that has fallen has been about one foot; sleighing has been good. The range of the Thermometer has been from 2 below to 51 above. Barometer, from 28.81 to 29.92. Amount of rain fallen, 4.17

Watering the City of New Orleans.—A plan has been submitted to the Council of the 2nd Municipality, by Mr. Samuel J. Peters, for supplying this Municipality with water for the purpose of washing the streets, extinguishing fires, &c., which we think of great importance. The necessity of having a sufficiency of water at command, promptly to extinguish fire, is at once apparent to every owner of property, and needs no appeal from us; but the cleansing of the streets, by which the city will be rendered more comfortable and salubrious, although certainly not of minor importance, is a *public duty*, and therefore liable to be neglected. From what we perceive, much labor is annually spent in cleansing the streets of New Orleans, but it is evident that up to the present period, adequate means have never been resorted to for the accomplishment of this object. The filth and offensiveness of our streets have become a *byword and a reproach*. If this prolific source of disease were remedied, it is difficult to calculate the beneficial results upon the public health. We could not expect the *purlieus* of a crowded city to be healthy as the open air of the country; but if our streets were kept perfectly clean, New Orleans might possibly become almost as healthy as the residences along the coast, which are probably not excelled in this respect by any in the world. We will not attempt to discuss the feasibility of Mr. Peters's plan; it is to the important objects in view, that we wish to call attention. Let there be continued streams of water flowing along all the streets from the river back to the swamp, and from thence drained into the lake; and the effects upon the health of the city cannot fail to be most beneficial.—*New Orleans Medical Journal*.

Public Schools and School Hours in New Orleans.—The discipline of these schools is most excellent; the pupils appear to *learn well*, what they do learn, and their studies and recreations are so arranged as not to *force* their minds at the expense of their physical constitutions. We cannot speak too highly of the introduction of vocal music as a regular study. Half an hour each day is devoted to this exercise; and the medical philosopher could not fail to admire the expansion of the lungs, and play of feeling, attending a spirited chorus of two or three hundred children, while singing a patriotic air. Their school hours, too, are not too long, as is the case in many places, and yet we think amply sufficient, viz.: from 9 to half past 2 o'clock, and but one session in the day. The effects of too much study are forcibly illustrated by the Editor of the Boston Medical and Surgical Journal, in one of his late numbers on the subject of "*School hours in Boston*." The article may be found in our Periscope, page 345, and we refer the New Orleans reader to it, as well for the sake of its good sense, as to show that in *one instance*, at least, we are not in arrear of our shrewd and enlightened northern brethren. We now have in all our public schools about 3000 pupils, from every rank of society, and every patriotic citizen begins to be conscious that they are the *chief glory* of our city. There is now no necessity for sending our children abroad to be educated, since it can be done at home *free of any special charge*, and in a manner at least equal to any place in the union. Each of the three municipalities has its schools under its own management. We are more familiar with those of the second, but we understand the others are maintained with much spirit.—*Ibid.*